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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Sadegh Salmassi, M.D.** **1205 Garces Highway** **P. O. Box 26** **Delano, CA 93216-0026** **Physician's and Surgeon's Certificate No. A 39604,** Respondent.	Case No. 800-2017-035440 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about February 28, 1983, the Medical Board issued Physician's and Surgeon's Certificate Number A 39604 to Sadegh Salmassi, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2020, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

5. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

6. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under section 2234, as defined by section 2234, subdivision (b), of the Code, in that respondent committed gross negligence in his care and treatment of patient A[1]. Departures from the standard of care in Respondent's treatment of patient A were identified as follows:

Patient A

8. Patient A is a female born in 1968 with a history of interstitial cystitis, pelvic pain, lumbalgia, and post-traumatic stress disorder. As early as 2010, Respondent began treating and prescribing Patient A controlled substances. Respondent saw her approximately once a month in 2012 and 2013. Respondent prescribed her multiple controlled substances including methadone[2], OxyContin (oxycodone)[3], Dilaudid (hydromorphone)[4], Norflex (orphenadrine)[5], Klonopin (clonazepam)[6] and Ambien (zolpidem)[7]. Respondent was aware patient A used alcohol occasionally.

9. On August 17, 2012, Respondent saw patient A for complaints of body pain and swelling, and refills on medication. Patient A's History of Present Illness (HPI) noted that patient A was in the office because of the above complaint and to seek treatment and evaluation.

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[1] The patients are referred to by letters in order to preserve their privacy. Their identity will be disclosed in the discovery provided to the respondent.

[2] Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

[3] Oxycodone, brand name OxyContin, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[4] Hydromorphone, brand name Dilaudid, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[5] Orphenadrine is a muscle relaxer. Orphenadrine is used together with rest and physical therapy to treat skeletal muscle conditions such as pain or injury.

[6] Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

[7] Zolpidem, brand name Ambien, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

Respondent indicated in patient A's Review of Systems (ROS) section that her status was unchanged since her last visit on January 17, 2012, except for her present illness. Respondent noted patient A's occasional alcohol use. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit, except that she was having substernal chest pain radiating to her right arm and also left flank pain radiating to her pelvis with some burning sensation in urination and generalized body ache that was tender to touch. Respondent diagnosed patient A with renal colic, chest pain, fibromyalgia[8], hypercoagulability syndrome[9], lumbalgia[10], hypothyroidism[11], post-traumatic stress syndrome (PTSD), and obesity. Respondent prescribed Cymbalta[12] 30 mg # 90, Klonopin 1 mg #60, Ultram[13] 50 mg #180, Demerol[14] 100 mg (administered in the office), Dilaudid 4 mg #180, Oxycodone ER 40 mg #120, and Norflex[15] 100 mg #30. Patient A was to otherwise continue the previously prescribed medications and follow up in a month.

10. On September 20, 2012, Respondent saw patient A for refills on medication, a lump on her breast, hot flashes and a referral for lap band. Patient A's HPI noted that patient A was in the office because of the above complaint and to seek treatment and evaluation. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit. Respondent diagnosed patient A with fibromyalgia, lumbalgia, hypothyroidism, PTSD, and obesity. Respondent prescribed Ambien 10 mg #30 and Methadone 10 mg #240. Respondent planned to order basic metabolic panel

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[8] Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

[9] Hypercoagulable states are usually genetic (inherited) or acquired conditions. The genetic form of this disorder means a person is born with the tendency to form blood clots.

[10] Lumbalgia is a general term used to describe pain in the lower back.

[11] Hypothyroidism is an underactive thyroid gland. Hypothyroidism means that the thyroid gland can't make enough thyroid hormone to keep the body running normally. People are hypothyroid if they have too little thyroid hormone in the blood.

[12] Cymbalta is an antidepressant that's used to treat mood and anxiety disorders, including panic disorder.

[13] Ultram is a narcotic-like pain reliever used to treat moderate to severe pain.

[14] Demerol is a prescription opioid for treating moderate to severe pain.

[15] Orphenadrine (Norflex) belongs to the group of medications called skeletal muscle relaxants. It is used to treat acute muscle spasms.

(BMP)[16], physical therapy, international normalised ratio (INR)[17] and Hypothyroid panel[18], and have patient A follow up in a month.

11. On October 17, 2012, Respondent saw patient A for refills on medication and lab reports. Patient A's HPI noted that patient A was in the office for lab results done on October 15, 2012. Patient A had been hospitalized at Kaweah Delta Hospital for five days because of chest pain, eye problems, and high CK-MB[19]. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit, with the exception of a raspy voice and a tender nodule at her right thigh. Respondent diagnosed patient A with fibromyalgia, lumbalgia, hypothyroidism, PTSD, and obesity. Respondent prescribed Methadone 10 mg #240 and Synthroid[20] 0.2 mg #30. Patient A was to continue the previously prescribed medications. On October 24, 2012, Respondent added an addendum prescribing Phenergan with codeine[21] for cough and ordered a repeat hypothyroid panel in four weeks.

12. On November 1, 2012, Respondent saw patient A for complaints of body pain and swelling. Patient A's HPI noted that she was doing fine until the previous week when she started to feel swollen, gained weight, and her body was red and shiny, and felt heavy in her chest. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit, except she looked swollen all over her body and her lungs revealed high pitch wheezing. Patient A's chest x-rays revealed no heart enlargement but there was chest congestion. Respondent diagnosed patient A with asthma, bronchitis, edema, fibromyalgia, lumbalgia, hypothyroidism, PTSD, and

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[16] The basic metabolic panel (bmp) is a panel of blood tests that serves as an initial broad medical screening tool.

[17] The international normalised ratio (INR) is a laboratory measurement of how long it takes blood to form a clot. It is used to determine the effects of oral anticoagulants on the clotting system.

[18] This panel helps screen for hypothyroidism, or low thyroid function.

[19] The CPK-MB test is a cardiac marker used to assist diagnoses of an acute myocardial infarction. It measures the blood level of CK-MB (creatine kinase-muscle/brain), the bound combination of two variants (isoenzymes CKM and CKB) of the enzyme phosphocreatine kinase.

[20] Synthroid is a medication used in the treatment of thyroid gland pathology.

[21] This combination medication is used to treat symptoms caused by the common cold, flu, allergies, or other breathing illnesses (e.g., sinusitis, bronchitis).

obesity. Respondent prescribed Lasix[22] 80 mg #30, Demerol 100 mg, and Spironolactone[23] 50 mg #30. Patient A was to continue the previously prescribed medications. Respondent ordered a complete blood count CBC[24], BMP, and a hypothyroid panel. Patient A was to follow up in ten days. On the same day, Respondent added an addendum prescribing Ambien 12.5 mg #30.

13. On November 5, 2012, Respondent saw patient A for complaints of a swollen body. Patient A's HPI noted that she was in the office for the above complaint and to seek treatment and evaluation. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit. Respondent diagnosed patient A with edema, fibromyalgia, lumbalgia, hypothyroidism, PTSD, and obesity. Respondent prescribed OxyContin 40 mg #60. Patient A was to continue the previously prescribed medications and follow up as needed.

14. On November 12, 2012, Respondent saw patient A for the results of her lab reports that were taken on November 9, 2012. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit. Respondent diagnosed patient A with fibromyalgia, lumbalgia, hypothyroidism, PTSD, and obesity. Respondent prescribed refills for Cymbalta and Coumadin[25]. Patient A was to follow up in one month.

15. On November 12, 2012, Respondent saw patient A for refills on her medications. Patient A's HPI noted that she was taking Coumadin, that her blood test showed high INR, and she had shortness of breath going up one flight of stairs. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change in patient A's physical exam since her prior visit. Respondent diagnosed patient A with fibromyalgia, hypercoagulability syndrome, antiphospholipid syndrome[26], Coumadin toxicity, lumbalgia,

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[22] Furosemide belongs to the class of medications called diuretics. It is used to treat edema (fluid retention) that occurs with congestive heart failure and disorders of the liver, kidney, and lung.

[23] Spironolactone is used to treat high blood pressure and heart failure.

[24] A complete blood count (CBC) measures the concentration of white blood cells.

[25] Coumadin is a potent blood thinner used for stroke prevention.

[26] A disorder in which the immune system mistakenly attacks normal proteins in the blood. Antiphospholipid syndrome can cause blood clots to form within the arteries, veins, and

hypothyroidism, PTSD, and obesity. Respondent prescribed refills for Cymbalta 30 mg # 90, Klonopin 1 mg #60, Ambien 10 mg #30, Elavil[27] 100 mg #30, Ultram 50 mg #180, Norflex 100 mg #30, and OxyContin 40 mg #90. Respondent held the Coumadin prescription. Respondent ordered physical therapy and a follow up in a month.

16. On January 11, 2013, Respondent saw patient A for refills on her medications, sleeplessness, and headaches. Patient A's HPI noted that she had been having severe body ache, generalized body weakness, and was seen in the emergency room at the county hospital of Fresno. Patient A wanted further evaluation and treatment. Respondent indicated in patient A's ROS that she gained weight, had heartburn, floaters, depression, and pain in her jaw, shoulder, elbow, wrist, hand, hip, knee, ankle, foot and chest. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed she was very lethargic, shaky, weak, and overweight. Patient A had tenderness all over her body. Respondent diagnosed patient A with fibromyalgia, lumbalgia, sleep apnea, migraine headaches, PTSD, hypothyroidism, and obesity. Respondent prescribed Klonopin 1 mg #60, Topamax[28] 50 mg #60, Phentermine[29] 15 mg #30, OxyContin 40 mg #90, and Lunesta[30] 2 mg #30. Respondent was referred for Overnight Pulse Oximetry[31]. Patient A was to follow up in a month. On January 21, 2013, Respondent changed Patient A's Lunesta prescription to Ambien 10 mg #30, and advised her to stop taking Coumadin.

17. On February 11, 2013, Respondent saw patient A for urinary tract infection and refills on her medications. Patient A's HPI noted that she was in the office for the above complaint and to seek treatment and evaluation. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness.

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organs.

[27] Elavil is used to treat mental/mood problems such as depression.

[28] Topamax is the brand name of topiramate, an anticonvulsant drug used to prevent seizures and reduce the frequency of migraines.

[29] Phentermine is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a stimulant and an appetite suppressant.

[30] Lunesta is a sedative and is used to treat insomnia.

[31] Overnight pulse oximetry is a test to monitor and record the level of oxygen in your blood as you sleep through the night.

Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit, except she has flanks and hypogastric tenderness. Respondent diagnosed patient A with fibromyalgia, hypercoagulability syndrome, Cystitis[32], PTSD, hypothyroidism, and obesity. Respondent prescribed Cipro[33] 500 mg and OxyContin 40 mg #90.

18. On February 21, 2013, Respondent saw patient A for a Demerol injection. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013. Patient A's vital signs were not taken. The physical examination showed no change since her last visit. Respondent diagnosed patient A with fibromyalgia and lumbalgia. Respondent gave patient A a Demerol injection. Patient A was to follow up as needed and planned.

19. On March 12, 2013, Respondent saw patient A for refills on her medications, a mass on her right breast, and hair loss. Patient A's HPI noted that she was in the office for the above complaint and to seek treatment and refill. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit. Respondent diagnosed patient A with fibromyalgia, hypercoagulability syndrome, lumbalgia, PTSD, hypothyroidism, and obesity. Respondent prescribed Klonopin 1 mg #60, Ambien 10 mg #30, Coumadin 5 mg #45, and OxyContin 20 mg #90.

20. On April 16, 2013, Respondent saw patient A for refills on her medications. Patient A's HPI noted that she was in the office for the above complaint and to seek treatment and refill. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit. Respondent diagnosed patient A with fibromyalgia, hypercoagulability syndrome, lumbalgia,

[32] Cystitis is the medical term for inflammation of the bladder.
[33] Cipro is used to treat a variety of bacterial infections.

PTSD, hypothyroidism, and obesity. Respondent prescribed Cymbalta 30 mg #90, Klonopin 1 mg #60, Ambien 10 mg #30, Topamax 25 mg #60, Ultram 50 mg #180, Phentermine 15 mg #30, and OxyContin 20 mg #90. Patient A was to continue the same previous medications and follow up in a month.

21. On April 23, 2013, Respondent saw patient A for chest and pelvic pain. Patient A's HPI noted that she had been known to have hypercoagulability syndrome and fibromyalgia. It noted Patient A started with severe low back pain and pelvic pain the day before and went to the emergency room but she was not seen on time and she left. Patient A woke up that morning with severe chest pain and continuous pain all over her body including her pelvis and back. It stated patient A was in the office for further evaluation and treatment. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed patient A was tender all over her body and had severe pain in her pelvis and lower back area and left side of the chest. Respondent noted patient A could stand up straight when she is walking. Respondent diagnosed patient A with angina pectoris[34], pelvic pain, hypercoagulability syndrome, fibromyalgia, lumbalgia, hypothyroidism, and obesity. Respondent prescribed Demerol 50 mg/5 mL syrup. Respondent referred patient A to the emergency room for direct admit.

22. On May 1, 2013, Respondent saw patient A for a hospital follow up. Patient A's HPI noted that she had been on painkillers for fibromyalgia and on phentermine for weight control. Patient A had been admitted to the hospital but then discharged because they thought that patient A had been an abuser of methamphetamine, which had been a noted byproduct of phentermine. Patient A passed out while taking a shower the previous day and she was taken to the hospital and was evaluated for a head injury. Patient A was in the office for further evaluation. Patient A was in severe pain in her pelvis and lower back. Patient A could not stand straight or walk due to the severe pain. Respondent indicated in patient A's ROS that her status was unchanged since her

[34] Angina pectoris is a condition marked by severe pain in the chest, often also spreading to the shoulders, arms, and neck, caused by an inadequate blood supply to the heart.

last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed patient A was tender all over her back and had pain radiating to her pelvic area, hip joints and legs. Respondent's diagnoses included lumbalgia, radiculitis[35], and fibromyalgia. Respondent referred patient A to the hospital for direct admit, pain control, and evaluation of source of her pain. Patient A was to follow up after discharge

23. On May 16, 2013, Respondent saw patient A for refills on her medications. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit. Respondent diagnosed patient A with fibromyalgia, lumbalgia, radiculitis, hypercoagulability syndrome, PTSD, hypothyroidism, and obesity. Respondent prescribed Cymbalta 30 mg #90, Klonopin 1 mg #60, Ambien 12.5 mg, Elavil 100 mg #30, Topamax 25 mg #60, Ultram 50 mg #180, OxyContin 20 mg #90, and Flexeril[36] 10 mg# 30. Patient A was to continue the same previous medications. On the same day, Respondent added an addendum noting a statement from a pharmacist where patient A filled her prescription. The pharmacist indicated he would look up patient A's prescription history and depending on the past medication she had taken and based on her diagnosis, he would decide if he would fill her prescription for OxyContin.

24. On June 17, 2013, Respondent saw patient A for refills on her medications and pain in her right foot. Patient A's HPI noted that she was in the office because of the above complaint and to seek treatment and evaluation. It also noted that patient A fell and twisted her right foot two weeks ago. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit, except she had a tender discolored right foot. Patient A's x-rays showed spurs in both of her feet. Respondent diagnosed patient A with fibromyalgia, lumbalgia, radiculitis,

[35] Radiculitis or radicular pain is transferred pain that "radiates" along the path of a nerve.

[36] Flexeril (cyclobenzaprine) is a muscle relaxant used to treat skeletal muscle conditions such as pain or injury.

contusion foot, hypercoagulability syndrome, PTSD, hypothyroidism, and obesity. Respondent prescribed Klonopin 1 mg #60, Ambien 12.5 mg, and OxyContin 20 mg #180.

25. On July 15, 2013, Respondent saw patient A for red eyes, a hair problem, and refills on her medications. Patient A's HPI noted that she was in the office because of the above complaint and to seek treatment and evaluation. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit, except she had bilateral congested bulbar[37] and palpebral conjunctivitis[38]. Respondent diagnosed patient A with conjunctivitis, fibromyalgia, lumbalgia, radiculitis, hypercoagulability syndrome, PTSD, hypothyroidism, and obesity. Respondent prescribed Klonopin 1 mg #60, Ambien 12.5 mg, Norflex 100 mg #60, OxyContin 20 mg #180, Tobradex ophthalmic ointment and Maxitrol ophthalmic suspension. Patient A was to continue the same previous medications.

26. On August 15, 2013, Respondent saw patient A for refills on her medications, a hoarse voice, and referral to a specialist. Patient A's HPI noted that she was in the office because of the above complaint and to seek treatment refill. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit. Respondent diagnosed patient A with fibromyalgia, lumbalgia, radiculitis, contusion foot, hypercoagulability syndrome, PTSD, hypothyroidism, and obesity. Respondent prescribed Cymbalta 30 mg #60, Klonopin 1 mg #90, Ambien 12.5 mg, Coumadin 5 mg #45, Warfarin 7.5 mg #46, and OxyContin 20 mg #180. Patient A was to continue the same previous medications, check labs in four weeks, and follow up in one month.

27. On August 27, 2013, Respondent saw patient A for a hoarse voice, trouble swallowing, tiredness, chest pain, and weight loss consultation. Patient A's HPI noted that she

[37] Nasal congestion.
[38] Palpebral conjunctivitis is an allergic reaction of the eye.

was in the office because of the above complaint and to seek treatment and evaluation. Respondent indicated in patient A's ROS that her status was unchanged since her last visit on January 11, 2013, except for her present illness. Patient A's vital signs were taken and a physical examination was conducted. The physical examination showed no change since her last visit. Respondent diagnosed patient A with Hyperglycemia/Pre-diabetes, fibromyalgia, lumbalgia, radiculitis, hypercoagulability syndrome, PTSD, hypothyroidism, and obesity. Respondent prescribed Methadone 40 mg #90. Patient A was to continue the same previous medications and follow up as needed or as planned.

28. On August 27, 2013, patient A filled her very last prescription at a pharmacy for methadone tablets #360.

29. On August 28, 2013, Patient A died. The Fresno County Coroner investigated the death of patient A on August 28, 2013. The investigation report indicated that the manner of her death was by "accident". The cause of her death was determined to be "acute intoxication due to combined effects of tricyclic antidepressants, methadone, and zolpidem".

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30. Respondent committed gross negligence in his care and treatment of patient A, which included, but are not limited to, the following:

(a) Respondent departed from the standard of care by excessively prescribing opioids; and

(b) Respondent departed from the standard of care by excessively prescribing methadone; and

(c) Respondent departed from the standard of care by excessively prescribing multiple central nervous system depressants; and

(d) Respondent departed from the standard of care by failing to take vital signs before giving the patient a Demerol injection on February 21, 2013.

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31. Respondent's conduct, as described above, constitutes gross negligence in the practice of medicine in violation of section 2234(b) of the Code and thereby provides cause to discipline Respondent's license.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent is subject to disciplinary action under section 2234, as defined by section 2234, subdivision (c), of the Code, in that respondent committed repeated acts of negligence in his care and treatment of patient A.

33. Paragraphs 9 through 32 as more particularly alleged above, are hereby incorporated by reference and realleged as if fully set forth herein.

34. Respondent committed acts of repeated negligence in his care and treatment of patient A, which included, but are not limited to, the following:

(a) Respondent departed from the standard of care by failing to obtain an adequate pain history and not using a pain scale; and

(b) Respondent departed from the standard of care by failing to adequately conduct an assessment, plan, and treatment objectives with the patient; and

(c) Respondent departed from the standard of care by not obtaining informed consent regarding the risks, benefits and alternatives to opioids from the patient; and

(d) Respondent departed from the standard of care by failing to enter into a pain management agreement with the patient; and

(e) Respondent departed from the standard of care by failing to monitor the patient's proper usage of the opioids he prescribed, including but not limited to, urine tests; and

(f) Respondent departed from the standard of care by failing to refer the patient to a pain management specialist or not documenting that no pain specialist was available in the area; and

(g) Respondent departed from the standard of care by failing to perform a periodic review (e.g. semi-annual or annual treatment plan review) of the patient's progress; and

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(h) Respondent departed from the standard of care by failing to maintain adequate medical records; and

(i) Respondent departed from the standard of care by administering Demerol intramuscularly for chronic pain; and

(j) Respondent departed from the standard of care by failing to evaluate the complaint of a breast lump and mass; and

(k) Respondent departed from the standard of care by failing to evaluate the patient's chief complaint of hoarseness and not referring her to an otolaryngologist; and

(l) Respondent departed from the standard of care by failing to document the diagnosis of hypertension or another reason for prescribing Lisinopril in the medical records; and

(m) Respondent departed from the standard of care by failing to explain his thought process and medical decision-making in the patient's medical records.

35. Respondent's conduct, as described above, constitutes repeated acts of negligence in the practice of medicine in violation of section 2234(c) of the Code and thereby provides cause to discipline Respondent's license.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

36. Respondent is subject to disciplinary action under section 725 of the Code, in that respondent excessively overprescribed in his care and treatment of patient A, as more particularly alleged in paragraphs 9 through 36 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

37. Respondent is subject to disciplinary action under section 2234, as defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate records regarding his care and treatment of patient A as more particularly alleged in paragraphs 9 through 36 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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DISCIPLINE CONSIDERATIONS

38. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about December 7, 2007, in a prior disciplinary action entitled In the Matter of the Accusation Against Sadegh Salmassi, M.D. before the Medical Board of California, in Case Number 08-2005-171093. Respondent was given a Public Reprimand.

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 39604, issued to Sadegh Salmassi, M.D.;

2. Revoking, suspending or denying approval of Sadegh Salmassi, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Sadegh Salmassi, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED:
January 11, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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